

**CLAIMS ONLY**

**Application Number**

10/16/2023 11:51 AM

**Applicant(s)**

**Filing Date**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	/						Total Indep					
Total Depend	6						Total Depend					
Total Claims	17						Total Claims					